Ribicoff-Long Health Plan May Be Passed by Spring

Medical Tribune Report

WASHINGTON—The massive national health insurance plans that have been circulating in the House and Senate—which key Congressional figures have indicated do not have a chance of being passed within the next few years—have suddenly taken a back seat to the Ribicoff-Long plan for catastrophic-illness protection.

Highly placed sources in the Department of Health, Education, and Welfare told MEDICAL TRIBUNE that the Administration, after winning minor concessions in the bill's provisions, will probably support it.

The Ribicoff-Long proposal has already attracted extensive support in the Senate, from both liberal Democrats and conservative Republicans, and unless Congress becomes tied up in impeachment proceedings, the bill could pass as early as next spring.

Among the cosponsors are Sens. Hugh Scott (R.—Pa.), the Administration's chief spokesman in Congress, and Robert Dole (R.—Kans.), a major force in the national Republican Party organization.

The bill is known as the Catastrophic Health Insurance and Medical Assistance Reform Act and was originated by Sens. Abraham Ribicoff (D.—Conn.), a former secretary of HEW, and Russell B. Long (D.—La.), the powerful chairman of the Senate Finance Committee.

It is believed that the Administration will support the Ribicoff-Long bill primarily to damage Sen. Edward M. Kennedy's bid to become the leading health-care advocate in the nation—a move that is understood to be based on his advisers' belief that the issue is strong enough to carry him to the White House in 1976.

Senator Kennedy is currently devoting some 40 per cent of his time to health affairs. His own national health insurance bill is estimated to require some $80 billion a year in Federal funds—a figure that not even the most liberal of senators considers to be a realistic assessment of what the nation is willing to spend for Government-subsidized health care.

Senator Long stated that the Kennedy proposal would require "a 50 per cent increase in taxes, and I'm including the Social Security tax in the generality of that statement. . . . and I don't think the people of America will stand for it."

The Administration has its own bill, somewhat similar to the Ribicoff-Long proposal but offering substantially less coverage. It appears to have little support in Congress.

The Ribicoff-Long bill in brief:

- A Catastrophic Health Insurance Plan designed for middle-class Americans, which would pay 80 per cent of a family's medical bills in excess of $2,000 per family per year. If such medical costs ran over $7,000 in a single year, the plan would pay 100 per cent of the additional expenses.

Hospital costs in excess of $17.50 per day would also be covered, beginning on the 61st day of hospitalization of each individual. If the costs of the deductible itself reached a total of $1,000, the $17.50 charge would then be waived.

- A Medical Assistance Plan for the poor, which would replace Medicaid and take effect one year after the catastrophic coverage began. This provision would cover most medical and hospital costs from the first dollar and also cover all deductibles required under the catastrophic coverage plan. For the first 10 outpatient physician visits per family, a $3 copayment would be required. Long-term nursing-home care would require the individual to surrender any income over $50 a month toward the costs.
- A plan to encourage the availability of Government-certified private health insurance policies for middle-class citizens. Insurers could not exclude poor health risks but would be allowed an antitrust exemption in order to be able to pool risks. Private insurers would be pressured into offering such policies under threat of being cut off as Medicare carriers or intermediaries.

Red Cross Fights Scabies in Bangladesh

After a survey showed that 60 to 70 per cent of the children and large numbers of the adults in non-Bengali settlements in Bangladesh were infected with scabies, the International Red Cross set up a prototype antiscabies center at Mirpur, where about 100 patients a day are treated.

Pastoral Passivity

Medical Tribune Report

BETHESDA, MD.—The gonococcal organisms isolated from patients in rural Vermont were more susceptible to antibiotics than were similar isolates from city patients, according to a pair of investigators working under a grant from the National Institute of Allergy and Infectious Diseases.

Drs. Dieter W. Gump and Paul T. Berry report that on a nationwide basis about 65 per cent of gonococcal isolates are resistant to penicillin and 67 per cent to tetracycline; in the Vermont rural studies only 18 per cent were resistant to either antibiotic.

Med Trib 43

Medical Tribune

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and Medical News

Vol. 15, No. 43 — world news of medicine and its practice—fast, accurate, complete — Wednesday, November 20, 1974

making rounds

at press time

RIGHT OF MINORS TO ABORTION without parental consent will be argued in Boston before 3-judge federal panel in December when new Mass. law requiring parental consent comes up for hearing on its constitutionality. Two 16-year-olds who wanted abortions sued on constitutional grounds and were given 10 day stay. While temporary stay applies only to them, other minors seeking abortion could seek similar restraints.

MUMPS - The West Virginia Health Dept. is hoping for $250,000 from the state legislature to combat an incidence of mumps several times that of the rest of the U.S. Problem has been relatively high cost of vaccine, and fact that Federal money for immunization programs is being cut 60%, health director Dr. N.H. Dyer told MT.

MOST FATAL AUTO CRASHES are not caused by "habitual offenders", contrary to psychological precepts, report Dr. Leon S. Robertson of the Insurance Institue for Highway Safety and Susan P. Baker, Johns Hopkins School of Hygiene and Public Health. They applied Virginia's habitual offender criteria to fatal crashes in Maryland, which has no such law, and found "only 22 ... of 1447 drivers in fatal crashes" could be classified as "habituals." Dr. Robertson told MT that identifying problem drivers before fatal crashes involves identifying problem drinkers in about 50% of the cases. More studies are underway.

A CIVIL WAR PHYSICIAN'S office and waiting room is being created by Cincinnati Academy of Medicine. Dr. Clyde S. Roof is leading its search for medical items of that period.

Rauwolfia Studies Faulted for Methodology

Medical Tribune Report

ROCKVILLE, MD.—Three recent, widely publicized reports linking rauwolfia alkaloids with breast cancer were criticized for faulty methodology by various experts at a Food and Drug Administration meeting here.

The two-day meeting was held at FDA headquarters by the agency's Biometric and Epidemiological Methodology and Cardiovascular and Renal Drug Advisory Committees. The two panels of outside consultants met in what amounted to an emergency session.

The reports, which appeared in the September 21 issue of *Lancet*, were of studies conducted in Boston, in Bristol, England, and in Helsinki.

The first study was carried out by the Boston Collaborative Drug Surveillance Program in 24 Boston-area hospitals during the first 10 months of

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New Breast Biopsy Avoids Disfigurement

By NATHAN HORWITZ

Medical Tribune Staff

MIAMI BEACH, FLA.—A new breast biopsy technique for very small nonpalpable lesions makes the procedure "palatable to any woman and guarantees freedom from disfigurement," the American College of Surgeons was told here.

In describing the method, Dr. Gordon F. Schwartz, of Jefferson Medical College, was sharply critical of those surgeons who call for "generous" biopsies of the breast as a way of ensuring removal of suspicious tissue. All too frequently, he told the A.C.S., such biopsies include removal of an entire quadrant, and "often approach simple mastectomy in their dimensions."

"Our patients are altogether correct

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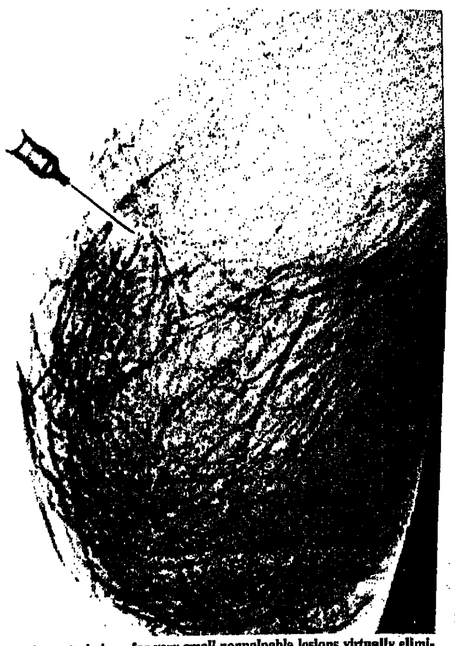

A new breast biopsy technique for very small nonpalpable lesions virtually eliminates the possibility of disfigurement by using repeat mammography and needle placement, above, to mark the precise location of the lesion.

Schools Prodded to Tackle 'Ubiquitous' Worm Diseases

By FRANCES GOODNIGHT

Medical Tribune Staff

NEW YORK—It's time for schools to take discussions of pinworms and other nematodes out of the hush-hush category and set up programs to help reduce the incidence of intestinal parasite infections among children, the American School Health Association was told here.

At a special seminar on such infections, president-elect Dr. Vivian K. Harlin of Seattle described them as a "ubiquitous" problem that is seldom talked about at school health meetings even though pinworms affect an estimated 10 per cent of the U.S. population—mostly children.

A screening program conducted in one Texas school last spring revealed that 20 per cent of youngsters enrolled in kindergarten through the sixth grade had stools positive for intestinal parasites, according to Dr. Marietta Crowder, acting director of the Tyler-Smith County Health Department, Tyler, Tex.

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PSRO Program Moving on Time As Foes Retreat

Medical Tribune Report

MIAMI BEACH, FLA.—Organized opposition to the Professional Standards Review Organization has come to a virtual standstill, and there's every prospect that a national PSRO program will be functioning on time.

That was the message the nation's PSRO chief brought to the annual meeting of the American College of Surgeons here, as he outlined a picture of "remarkable change" in the profession's attitude towards PSRO.

Dr. Henry E. Simmons, who had accused powerful segments of organized medicine just last spring of mounting a campaign of deliberate misrepresentation against the peer review program, told the surgeons that a striking about-face has "taken place in the last six months since the American Medical Association has modified its program."

"PSRO activity is taking place in all but six states, and by January, 1976, there will be PSRO's in all 203 designated PSRO areas in the United States," he declared.

Dr. Simmons said that "we no longer see the campaign of misrepresentation"

Continued on page 2

Early Neonatal Meningitis Is Linked to Low Birth Weight

Medical Tribune World Service

TORONTO—All but 5 per cent of cases of early-onset neonatal meningitis are related to low birth weight or prematurity, Dr. Fred F. Barrett, Associate Professor of Pediatrics at Baylor College of Medicine, said here at an international Symposium on Infections in the Fetus and Newborn, sponsored by the Canadian Pediatric Society.

Streptococcal B infections are a significant new problem for neonates, he said, noting that such infections now cause about 65 per cent of all neonatal meningitis, compared with 33 per cent in 1970.

"It may have been a problem in earlier years but we didn't recognize it," he remarked.

Dr. Barrett, deputy director of the infectious diseases program at the Texas Children's Hospital, Houston, spoke on "Changing Patterns of Bacterial Infections."

Would Focus on Risk Factors

Referring to the association of birth weight and prematurity with meningitis, he said: "We have to focus down on these risk factors. The mothers in this risk group should be watched carefully and a certain number should be treated expectantly. I wouldn't call this prophylaxis, I'd call it early treatment."

Early-onset meningitis, symptoms appearing after five days, results in a mortality of 60-75 per cent, whereas late-onset disease, symptoms after 10 days, results in 14-18 per cent, Dr. Barrett said.

In contrast to the high correlation between the early-onset disease and obstetrical complications, only 19 per cent of the late-onset cases showed such difficulties, he noted.

Of patients with early onset, 86 per cent had positive signs of streptococcal infection, while 14 per cent were heavily colonized early in life, he said.

"The organisms isolated from multiple sites suggested that the early-onset disease was acquired in utero or from the mother at time of delivery," Dr. Barrett said. "The mortality is high because probably many are infected in utero. These infants are sicker for a longer time than their age indicates. We must recognize the risk patients earlier than we do now and treat them earlier, and recognize the risk mothers and treat them earlier."

Of 200 mothers randomly selected at term, he reported, 25 per cent were colonized at one or more sites, and 25 per cent of the offspring were colonized. Obstetrical difficulties are not related to the risk of colonization.

Symptoms of early-onset disease are unexplained episodes of apnea and high frequency of seizures, whereas in

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PSRO Program Moving on Time As Foes Retreat

Continued from page 1

that, he declared, had been occurring last year. "Already there are 115 PSRO's under development, 10 are actually reviewing cases, and by the next funding cycle, we expect to see another 40 or 50 PSRO's, or about 150 by next year."

He told a news conference that some state-wide medical groups that had been most outspoken against the PSRO proposals have become more muted, since the A.M.A.'s House of Delegates last June called for detente with PSRO.

"When I go back to private practice, I hope to see a PSRO in my area," he stated. "It's the best protection I have."

A leading surgeon told the newsmen that further debate on the law is "an exercise in futility." Dr. George R. Dunlop of Worcester, Mass., vice-chairman of the A.C.S. Board of Regents, declared: "The PSRO law is a fact of life, it's the law of the land. Let's not waste energies debating its merits or how it came about."

He said there has been less opposition to PSRO among surgeons than among some other specialties, because "surgeons are traditionally accustomed to working in an environment where they are scrutinized by their colleagues; they are accustomed to peer review and to retrospective analysis."

He added: "By and large those segments of the profession who are accustomed to working in this environment feel a little more secure with PSRO. That segment of the profession not accustomed to working in this environment feels less secure, more hostile. When they find what is entailed, they'll feel less threatened." —N.H.

Shriver Bids AMA Yield Spokesman Role to APHA

Medical Tribune Report

NEW ORLEANS—The American Medical Association should relinquish its role as the spokesman for the nation's physicians, according to Sargent Shriver, the original director of the Office of Economic Opportunity.

"I would like to suggest that the American Public Health Association become the voice of American medicine instead of the A.M.A.," he told the A.P.H.A.'s annual meeting.

'Structured' Counselor Role With Married Patients Urged

Medical Tribune Report

LOS ANGELES—The family physician should play a "well structured role" of marriage counselor for his patients—even to the point of recommending divorce at times, Dr. Beverley T. Mead told the 26th Annual Scientific Assembly of the American Academy of Physicians in Los Angeles.

"You should step in with specific advice when it is needed rather than wasting time with the slow-paced indirect approach favored by some psychiatrists," said Dr. Mead, Professor and head of the Department of Psychiatry at Creighton University School of Medicine in Omaha. The more structured approach taken by the family physician, he said should involve prevention of marital troubles before they occur as well as counseling those patients who already have difficulties.

"In some cases when you find that divorce is the best answer to well-established problems you should tell your patients so," he suggested. "It may be true that a child suffers in a broken home, but he or she may suffer more in a home that should be broken."

However, if one partner wants a divorce and the other does not, it is often possible to restore the union by convincing the negative one to stick it out a little longer. "If they struggled along for six years, with a better understanding of their problems, they should do themselves the favor of seeing whether or not they can struggle successfully through another three weeks," Dr. Mead said.

The Nebraska psychiatrist also told the A.A.F.P. that family physicians should play a role in discouraging marriages when the couple is obviously poorly prepared or mismatched. He recommended especially against teenage marriages.

DR. BEVERLEY T. MEAD

"Marriage is for grownups. If I could do it, I'd support legislation against marriage before the age of 21."

In their pre-marriage counseling, family physicians should probe their patients' attitudes on many fronts, in-

Continued on page 13

Small Vitamin C Doses 'Just as Good' in Colds

Medical Tribune Staff

NEW YORK—The newest findings in large-scale Canadian trials of vitamin C suggest that ascorbic acid prevents or reduces the symptoms of colds in far smaller doses than have been recommended.

Dr. Terence W. Anderson, Professor of Epidemiology and Biometrics at the University of Toronto, reported that a double-blind study of 600 healthy volunteers—the latest in three trials with a cumulative total of nearly 5,000 subjects—has shown that "relatively modest" intake of vitamin C "may be sufficient to produce a useful reduction in over-all morbidity [of colds]".

"Tissue saturation is apparently achieved with 100 mg. of ascorbic acid daily, and there appears to be no benefit in dosages above that," he declared, noting that results of the last trial were approximately the same as those of the two earlier ones, with 30 per cent fewer days of absence from work or spent indoors among the vitamin group as compared with placebo subjects.

Dr. Anderson spoke at an international conference on vitamin C jointly sponsored by the New York Academy of Sciences and the Institute of Human Nutrition at Columbia University.

In the latest study, he said, the volunteers received a prophylactic ascorbic acid dose of 500 mg. weekly in sustained-release form during the three-month trial. The dosage was increased to 500 mg. daily on the first day of illness, and continued if needed at 12-hour intervals for the next four days. These schedules were in marked contrast to prophylactic and therapeutic doses ranging as high as 4 Gm. daily in the two earlier trials, Dr. Anderson reported.

All three trials, he continued, now have shown "a small vitamin effect on the number of [cold] episodes per subject, but a more substantial effect on the days indoors or off work. Similarly, all have shown consistently little or no effect on days of nasal symptoms (thus casting some doubt on the antihistamine theory of vitamin C action), while there have been some large but inconsistent effects on days of chest symptoms, fever, and malaise."

The benefits occurring regardless of the dose employed, he added, suggest that the dosages used in the team's first trial were "probably unnecessarily high."

In commenting on the group's overall experience, Dr. Anderson observed that a "host of secondary questions" presented themselves as evidence began to accumulate in the first two trials suggesting that Vitamin C does exert "some sort of effect." Of these questions, the most important was, "If large doses are necessary does the risk of side effects outweigh the possible benefits? It was largely in order to resolve this and related problems that the third trial was undertaken.

No Toxicity Observed

Dr. Anderson stressed that he and his team have seen no symptomatic evidence of toxicity resulting from doses of 2,000 mg. daily over three or four months in healthy persons, but "this does not mean that this dose level is necessarily safe for longer periods, particularly in individuals with pre-existing disease, or that the occasional individual might not show some unusual and undesirable reaction."

He also warned: "While perhaps not a side effect in the ordinary sense of the word, the depression in blood ascorbic levels that occurs on sudden withdrawal of a chronic high intake should be recognized as a potentially harmful reaction. For example, an individual admitted to a hospital with an acute medical or surgical condition might be at a physiological disadvantage if this period of unusual stress coincided with an acute hypoascorbemia due to sudden withdrawal of a regular high intake."

He concluded that "unless and until firm evidence is forthcoming that higher doses of vitamin C are more effective, we should adhere to the principle of *primum non nocere* and advise the public to limit their daily intake to 100 or 200 mg. except possibly for brief periods during acute infection when gram doses *may* be beneficial."

At a press conference, Dr. Anderson emphasized that "it is quite possible" that the beneficial effects observed during the trials were not more than symptomatic. "We were only recording symptoms as reported by the subjects," he said. "We didn't have the facilities for serologic or virologic studies."

Two leading investigators at the press conference joined in calling for moderation in the use of ascorbic acid. Dr. Myron Winick, director of Columbia's Institute of Human Nutrition, declared: "When people talk about giving vitamin C in doses of 10 Gm. a day, they're talking about quantities in the category of therapeutic agents. I would not want to see vitamin C on the market as a therapeutic agent until its safety in that range is appropriately demonstrated."

Alfred E. Harper, Ph.D., of the University of Wisconsin, also cautioned against using vitamin C "as a drug to treat conditions that are not caused by the absence of the compound as a result of nutritional deficiences."

Dr. Harper, who is former chairman of the Committee on Dietary Allowances of the National Nutrition Council/National Academy of Sciences, said, "We have to separate the nutritional and therapeutic uses of nutrients and see how they compare with other drugs used to treat the same disorders."

ECTOPIC BEAT

"It isn't absolutely necessary for executives to have heart disease, ulcers and stroke, ailments commonly associated with American businessmen who reach the management level."

—News release from the A.M.A.

But it's still kind of *de rigueur* isn't it?

(Regular Beat Inmates in Medico, page 23.)

index

CLINICAL NEWS NOTE: *"Using this technique, we have noted our patients are less anxious when biopsy is recommended, because they are sure of a minimal operation, with a short hospital stay. No patient, subsequently discovered to have benign [breast] disease, has been sorry she underwent the operation, since no disfigurement has resulted. Patient acceptance has been universally excellent." (Dr. Gordon F. Schwartz, see pg. 1.)*

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Medical Tribune

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Enzymes Help Differentiate Infarction, Gauge Infarct Size

Medical Tribune World Service

BUENOS AIRES—The detection in serum of one enzyme (glycogen phosphorylase *b*) can help differentiate myocardial infarction from noncardiac myopathies. Serial determinations of another enzyme (creatine phosphokinase) are a "valuable method for intravital estimation of infarct size."

Separate research teams presented these two conclusions to the Seventh World Congress of Cardiology here.

Glycogen phosphorylase *b* is absent or undetectable in the serum until about two hours after the onset of myocardial infarction, and the level peaks about 24 hours after infarction, reported Drs. A. Wollenbergen, M. Böhm, E. G. Krause, and H. Will, of the Central Institute of Heart and Circulatory Regulation Research, Academy of Sciences of the East German Democratic Republic, Berlin-Buch.

The only disorders other than myocardial infarction that have previously been shown to produce detectable serum levels of phosphorylase *b* are encephalomalacia and noncardiac myopathies, including dermatomyositis and dystrophy, according to these investigators.

Differentiating Infarction

"The heart-specific striated muscle phosphorylase *b* isoenzyme can be separated from other muscle isophosphorylases by acrylamide gel electrophoresis," Dr. Wollenbergen explained, "thus permitting the differentiation of myocardial infarction from noncardiac myopathies."

Serum levels of phosphorylase *b* in seven patients who died between the first and fourth day after myocardial infarction were compared with those of 51 patients who survived infarction. Blood samples were taken between 20 and 30 hours after infarction.

"Patients who did not survive had much higher serum phosphorylase *b* levels than those who survived," Dr. Wollenbergen said. "Thus, the determination of serum phosphorylase *b* may have prognostic value in myocardial infarction."

Serial Determinations of CPK Indicate Size of Infarct

► Infarct size was calculated in 32 patients with acute myocardial infarction by serial determinations of CPK, reported Drs. W. Bleifeld, D. Mathey, and P. Hanrath, of the Department of Internal Medicine, Rheinisch-Westfälische Technische Hochschule, Aachen, West Germany.

They determined CPK concentration every two hours after the infarction for the first 20 hours, and then every four hours, and these data were related to hemodynamic data. In 10 human hearts, infarct size was measured post mortem and correlated to infarct size as calculated from serial determinations of CPK.

There was an "excellent correlation" between calculated infarct size and infarct size as determined at autopsy, Dr. Bleifeld said. Infarct size correlated well with the deterioration of hemodynamics, and he blamed "differences in this relation" on previous lesions of the left ventricle.

In 25 patients who were suffering from their first myocardial infarction, mean left-ventricular necrosis was 66 Gm., pulmonary end-diastolic pressure increased to 20 mm. Hg, and cardiac index decreased to 2.9 L./minute/M.²

The remaining seven patients who had previous myocardial infarctions had a "relatively small" infarct size (mean 38 Gm.), but a "markedly increased" pulmonary end-diastolic pressure of 23 mm. Hg, and a reduced cardiac index of 2.5 L./minute/M².

Aid to Prognosis and Therapy

"In conjuncton with hemodynamic data," Dr. Bleifeld said, "evaluation of infarct size reveals a better understanding of the functional state of the heart, the prognosis and therapeutic interventions."

The mass and the functional state of the residual myocardium, rather than the size of the acute infarct itself, determines pump function, he said.

Current Opinion

Heavy Drinking, Smoking, and Cancer

By MARK KELLER

Research Specialist in Documentation
Center of Alcoholic Studies, Rutgers University;
Visiting Scientist
National Institute on Alcohol Abuse and Alcoholism

IN THE ARTICLE by Nathan Horwitz (MT, Aug. 14) three experts are cited as asking for clarification of the statement by Dr. Morris E. Chafetz, Director of the National Institute on Alcohol Abuse and Alcoholism, that "the combination of heavy drinking and smoking increased by 15-fold the risk of mouth and throat cancer."

The statement is based on the review of the subject in Chapter V, Part 1, of the *Second Special Report to the U.S. Congress on Alcohol and Health*, prepared by a Task Force under Dr. Chafetz's chairmanship and published under my editorship. The particular statement is referenced to the study by Drs. Kenneth Rothman and Andrew Keller, in the *J. Chronic Dis., 25: 711-716*, 1972.

Their Table 2 (p. 713) shows that, with the risk of oral cancer for people who neither smoke nor drink set at 1, the risk for those who are both heaviest drinkers and heaviest smokers is 15.50. That finding was based on a sophisticated regression analysis of 483 cancer patients and a matched control group of 447 people, all patients in three VA hospitals in New York City, from whom adequate drinking and smoking histories were obtained. In addition, the *Report* cites several other studies which show a decided increase of relative risk of oral cancer from combined heavy smoking and heavy drinking.

Horwitz's article quotes the three authorities also to the effect that they have had great difficulty in gathering enough cases of heavy-drinking nonsmokers to establish the relative risk of heavy alcohol consumption alone. This problem is recognized and emphasized in the *Report*. But it was overcome at least in the recent study by Drs. Rothman and Keller who, in their Table 2, show also that with the risk of oral cancer set at 1 for nondrinking nonsmokers, the risk for heavy smokers who do not drink is 2.43, and the risk for heavy drinkers who do not smoke is practically identical, 2.33. These statistics formed the basis for Dr. Chafetz's statement of an increased risk from heavy alcohol consumption alone.

Many experts were unconvinced by the Surgeon General's original announcement of increased risk from cigarette smoking, which aroused worldwide debate. Nevertheless it was the duty of the Surgeon General to make the information he had available to the American public and to the physicians who advise them about their health. It was likewise the duty of the Director of the National Institute on Alcohol Abuse and Alcoholism to share the information available to him. This has been done in great detail with full documentation in the *Second Report to Congress on Alcohol and Health*, freely available from NIAAA (5600 Fishers Lane, Rockville, Md. 20852).

The three authorities interviewed by Horwitz rightly urged the need for more research. The *Report* not only discusses the cautions appropriate for interpreting the existing data but likewise emphasizes the need for more research. The National Institute is indeed fostering such additional research, among others by the World Health Organization's International Agency for Research on Cancer, and in due course will make the results known to the health professions and the American public.

The one disturbing feature in Horwitz's article is the quotation of Dr. Ernest P. Wynder to the effect that "Heavy drinking by itself does not increase the risk of cancer . . . in the absence of smoking." It is not understandable how Dr. Wynder can be so positive. If his samples contained too few nonsmoking heavy drinkers to conclude there is an increased risk, then obviously there were too few to conclude there is no increased risk, and the most he could say is that his evidence is inconclusive.

Ten papers by Dr. Wynder and his associates are cited in the *Report*, dated between 1956 and 1972. In one (*Cancer*, 10: 1300-1323, 1957) they say (p. 1306), "In our data two factors, alcohol and tobacco, seem to increase the risk of oral cancer when each is considered separately," but in none of them is there any evidence that "Heavy drinking by itself does not increase the risk of cancer." I would hate to be the author of such a guarantee, even if it did not go against the demonstration of the opposite by Rothman and Keller. Since the statement can be harmfully misleading, I am sure MEDICAL TRIBUNE will want to set the record straight.

The *Report*, and Dr. Chafetz's statement, did not implicate moderate drinking, nor was it suggested that alcohol can cause cancer. The explicit emphasis was the increased risk from heavy drinking, and the added or synergistic risk from combined heavy drinking and smoking. We all need to think about the first risk as well as the second, even while waiting the years it may take for the desirable additional research to be completed.

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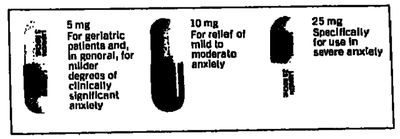

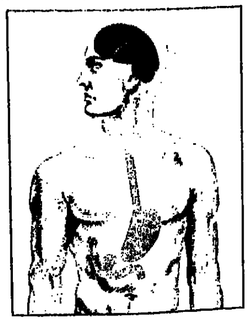

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Indications: Relief of anxiety and tension occurring alone or accompanying various disease states.

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

Supplied: Librium® Capsules containing 5 mg, 10 mg or 25 mg chlordiazepoxide HCl. Libritabs® Tablets containing 5 mg, 10 mg or 25 mg chlordiazepoxide.

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Embolization Curbs Upper Gastric Bleeding

Medical Tribune Report

SAN FRANCISCO—Selective embolization of the left gastric artery controlled upper gastric bleeding in eight of 11 patients, demonstrating that the technique is a feasible alternative to arterial vasopressin infusion, according to a Michigan study.

Dr. Vincent P. Chuang of Ann Arbor reported at the American Roentgen Ray Society meeting here that embolization appears to offer two advantages.

The technique, in which the left gastric artery is embolized with aminocaproic-acid-mixed autogenous blood clot, autogenous fat globules, sterile oxidized cellulose, or absorbable gelatin sponge, is simple and results are immediate, he said.

And he emphasized that since the patient is not given large doses of vasoconstricting drugs, no monitoring is required for side effects.

Dr. Chuang said that while further experience is needed, preliminary results are promising. Ten of the 11 patients treated with the technique at the Wayne County General Hospital were terminal bleeders in whom heart, lung, renal, or liver complications precluded surgery, he related.

Success Rate 70%

The success rate in this group was 70 per cent and would probably have been higher if the patients had not been terminal bleeders, he said.

Seven of the patients in whom the technique was successful are alive and well two to 14 months after the procedure, with no recurrence of bleeding, Dr. Chuang reported. The eighth patient died of pneumonia unrelated to the gastric bleeding 11 months after embolization and with no evidence of further bleeding, he added.

Of the three failures, two patients had diffuse hemorrhagic gastric bleeding and died of complications and one had a large gastric ulcer, he said.

The gastric mucosa was observed in six of the patients one to five days after embolization, he continued. Five showed no evidence of mucosal necrosis and one showed scattered areas of mucosal slough.

Dr. Chuang noted that vasopressin infusion is indicated in patients with gastritis.

Learn Self-Examination

Many hospitals, like New York City's Lenox Hill (above), have started classes to teach women how to examine themselves for signs of breast cancer because of the increased demand for information following the recent operations on Betty Ford and Happy Rockefeller.

Radon Seeds Put Eye Melanoma Under Control

Medical Tribune Report

SAN FRANCISCO—Local irradiation with radon seeds can provide local control of malignant melanoma of the eye in a majority of patients, an Ohio State study has indicated.

Dr. Gunther Ehlers reported to the American Roentgen Ray Society that the technique, in which a ring applicator 2 mm. larger than the tumor and filled with radon seeds for a dose of 6,000-9,000 roentgens is implanted in the affected eye, has provided local control in 61 per cent of the patients evaluated.

In these patients, enucleation was avoided, vision saved, and metastases apparently prevented, he said.

He reported on 18 patients. In seven the technique was not successful and enucleation was performed in six.

Enucleation Often Fails

Dr. Ehlers noted that enucleation frequently fails to cure primary malignant ocular melanoma and approximately half the patients succumb to metastatic disease.

He suggested that the more conservative approach with local irradiation might be used for selected patients. The failures of this technique appeared to be related more to the size of the tumor than the dose, he remarked, adding that the technique was most effective with tumors between 5 and 10 mm. in diameter.

The implanted ring is left in place indefinitely. Complications have been seen in half the patients, but have seldom been severe and have resolved spontaneously. Patients are being followed carefully to be sure no long-term complications develop. Dr. Ehlers added.

One Man...and Medicine

ARTHUR M. SACKLER, M.D.,
International Publisher, Medical Tribune

Thirty-Dollar Steaks?

I DON'T BELIEVE the full implication of inflation has yet hit home to the American people. Most of our patients see it as a reduction in salary, as an inconvenience, albeit outrageous. I wonder if our people completely understand its potential impact on our national health. Of course, medicine in this country has played a great role in reducing infant mortality (not yet enough), in increasing longevity (not yet enough), and in raising the standards of health (not yet enough). But has not the real substrate for most of our health advances been improvements in nutrition, in housing, in working conditions, as well as in a few basic public health measures?

During the summer we laboriously tracked down the most recent official Bureau of Labor price statistics giving national average prices on some important foods during July, 1974—and July, 1973. They are based on a sample of 39 metropolitan areas and 17 smaller cities. I publish them in the box below—so that you can go shopping and make your own comparisons. For since then prices have soared, making these figures completely out-of-date.

Latest Figures

According to the Labor Department's Consumer Price Index, by October prices had made their biggest jump since 1947. The increase in all consumer prices was 12.1 for the year—and for food alone was 11.3 per cent. In September the biggest increases were meat, fish and poultry—up 3.2 per cent that month.

I am told that steak is going for $5 a pound in some neighborhoods. Who ever heard of fish selling at nearly two bucks a pound? I do remember last year in Japan that I was told housewives were paying as much as $16 for a pound of steak and for top-quality strip sirloin over $30. Of course, I thought, "It can never happen here." But, it seems, we are well on our way. Needless to say, one can eat flounder and save a dollar or a dollar and a half per pound over sole. And chicken can save even more.

The positive side of this coin is that the affluent will eat less steak, more fish and chicken, and be the better for it. Of course, the very affluent won't, and so they will miss the benefit of less cardiovascular disense and that wonderful feeling of fitness which one euphorically enjoys after having taken off 10 or 15 pounds.

It is not for these that the pinch really hurts. It may be that for as much as one-third of our population inflation in food prices can mean the difference between a marginally adequate diet and undernutrition between an inadequate diet and gross malnutrition.

National *averages* in food prices in 39 metropolitan and 17 smaller cities according to the Bureau of Labor Statistics:

	July, 1974	July, 1973
1. Lettuce	49¢ head	51¢
Carrots	25¢ lb.	23¢
2. Oranges	12 for 1.12	1.02
Tomatoes	59¢ lb.	57¢
3. Potatoes	20¢ lb.	18¢
Apples	41¢ lb.	37¢
4. Milk	39¢ qt.	37¢
American Cheese, processed	1.45 lb.	1.18
Eggs	62¢ doz.	74¢
5. Porterhouse Steak	2.06 lb.	2.08
Haddock, fillet, frozen	1.30 lb.	1.34
Ocean Perch, fillet, frozen	1.08 lb.	1.08
Shrimp, breaded, frozen	2.38 lb.	2.19
6. Chicken, frying	52¢ lb.	60¢
Bread	35¢ lb.	27¢
Flour	21¢ lb.	14¢
7. Butter	90¢ lb.	85¢
Margarine	35¢ lb.	35¢

Overcoming the Damage

I can understand why the indignation of our people focuses on the economics instead of the health aspects of spiraling food costs. It is more immediately visible. Have a pill damage a score of people, and a hysterical flurry of action ensues—hearings and headlines, legislation and regulation. Have scores of thousands of pregnant women malnourished and their children severely damaged in utero by lack of food—and there ensues a resounding silence.

This makes no sense. Remember the wartime days when our Government stressed the seven basic foods?

1. Leafy green and yellow vegetables.
2. Citrus fruits, tomatoes, raw cabbage.
3. Potatoes, other vegetables and fruit.
4. Milk, cheese, ice cream.
5. Meat, poultry, fish, eggs, dried peas and beans.
6. Bread, flour, cereals.
7. Butter and fortified margarine.

And what if one were to try to follow this advice today:

Eat green vegetables every day. How many middle- and low-income large-sized families can eat green salads every day at present costs?

Be sure to drink orange juice every day. This absolutely essential source of ascorbic acid has gone from 25¢ for 10 oranges in 1940 to 93¢ for 10 oranges in 1974. However, if 10 oranges provide a quart of orange juice and 6 ounces of orange juice provides approximately 90 mg. of ascorbic acid, one could get almost 500 mg. of vitamin C by consuming the whole quart—which currently costs 79¢. This compares with a 500-mg. tablet of ascorbic acid costing anywhere from 1¢ to 4¢ per tablet.

Be sure to have bread and milk every day. I can hardly believe that the white "sponge" on the grocery shelves is now over 50¢ a loaf, and milk 43¢ a quart.

Have some meat each day. Are you kidding?

It is high time for the American physician and organized medicine and all our patients to make crystal clear to our Government that inflation is not just a pocketbook issue but for many a matter of health or illness and, for some, ultimately life and death.

It is a farce to hold hearings on the cost of health care, on the treatment of disease, rather than on the health threat of food inflation. It is like locking the barn door after the horse has been stolen. The most important type of medicine is preventive, and one of the most important preventive medicines of all is an adequate, well-balanced diet.

EPIGRAMS—Clinical and Otherwise

We all labor against our own cure, for death is the cure of all diseases.
Sir Thomas Browne (1605-82)
Religio Medici

Medicine on Stamps

Philbert Commerson

Philbert Commerson (1727-73) received his medical education at Montpellier. After graduating with an M.D. he devoted his full time to natural sciences. He sailed with Louis Bougainville on an expedition around the world, making drawings and collecting specimens. Settling in Mauritius, he classified the flora and fauna. Stamp issued in 1974.

Text: Dr. Joseph Klez
Stamp: Minkus Publications, Inc., New York

Early Neonatal Meningitis Linked to Low Birth Weight

Continued from page 2

late-onset, lethargy and fever appear and there are fewer episodes of apnea and symptoms characteristic of meningitis in older patients.

Asked when to start antibiotics and how long to continue, Dr. Barrett said that the answers depend largely on subsequent developments and on the time it takes for the physician to get reliable information from the laboratory.

"We can rely on a negative culture report after five days, so we continue the antibiotic for five days and if the signs are negative we discontinue, but we have no hard and fast rule on that," he explained.

Antimicrobial Therapy

► Dr. Jerome O. Klein, Associate Professor of Pediatrics at Harvard University, described gentamicin and kanamycin, along with a penicillin, are the drugs of choice in treating early-onset neonatal meningitis.

Chloramphenicol is useful against gentamicin-resistant strains, he said. Polymyxin B should not be used for neonatal infections as it does not cross biological membranes into body fluids, he said, the only exception being when it can come in direct contact with the organisms.

In late-onset meningitis, Dr. Klein said, penicillin is the drug of choice for streptococcal infections and gentamicin against any staphylococcal organisms.

Before antimicrobial therapy begins, cultures must be taken of the blood, spinal fluid, and urinary tract, he stated.

Communication with the obstetrician is critical in neonatal infections, Dr. Klein went on.

"When there is rupture of the maternal membranes, any infant exposed in the birth canal for more than 24 hours is an infant at risk," he said.

Signs of these infections are often subtle, he observed, but among specific signs to watch for are jaundice, poor feeding, and lethargy. The white count is not helpful in diagnosis, he noted. Any infant with unexplained fever must be considered at risk.

The umbilical cord should be carefully checked for any inflammation, joints manipulated to see if there is an early onslaught of arthritis, and a check made for urinary tract infection or peritonitis, Dr. Klein said.

Recently, he said, infants with otitis have been encountered, and this is a new cause of concern.

"It is not easy to examine tympanic membranes, but it can be done with training, and this is also a good region for aspiration," he commented.

There are considerable limitations in looking at the level of immunoglobulin as a sign of neonatal sepsis, he observed, as increased levels of IgM are present in noninfected infants, and some infected infants have not had elevated levels. A more promising line of investigation, he added, is that specific antigens will be found as an indication of infection.

The Only Independent Weekly Medical Newspaper in the U.S.

Medical Tribune

and Medical News
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Paranormal Studies

PUBLICATION of a paper on parapsychology in *Nature* does seem to confer upon it the imprimatur of this august journal of science. And that was the reaction to it in the daily press and in TV news broadcasts. In a leading article in the same issue, *Nature* itself says that the appearance in the journal "is not a process of receiving a seal of approval from the establishment; rather it is the serving of notice on the community that there is something worthy of their attention and scrutiny."

In spite of reservations about the paper expressed in the leading article, what is worthy of attention and scrutiny is evidence from a series of experiments "suggesting the existence of one or more perceptual modalities through which individuals obtain information about their environment, although this information is not presented to any known sense." The article is entitled "Information transmission under conditions of sensory shielding"; its authors, R. Targ and H. Puthoff, are two physicists at the Electronics and Bioengineering Laboratory of the Stanford Research Institute. It is noteworthy that *Nature* published the article in the section of the Physical Sciences, not the Biological Sciences.

In any event, Targ and Puthoff seem to have confirmed that Uri Geller, under controlled conditions that eliminated chicanery, has a remarkable ability to "reproduce target pictures drawn by experimenters located at remote locations" and that Pat Price has an equally remarkable ability to "describe randomly chosen geographical sites located several miles from the subject's position and demarcated by some appropriate means (remote viewing)."

In these days of excitement about acupuncture, why not parapsychological powers as well?

An anecdote by the late Dr. Claude S. Beck about his intern days at the Johns Hopkins University seems appropriate. Dr. Beck wrote: "Doctor Finney had Professor Halsted see a patient at the Union Protestant Infirmary. Surgical operation was done. Doctor Halsted's diagnosis was wrong. Doctor Finney's diagnosis was correct. The following comment was made. 'Finney, on what did you base your diagnosis?' Answer, 'Just a hunch, Professor.' Whereupon Halsted said, 'I would rather be wrong with reason than right without reason.' How could an intern interpret this? Was it the sublime in logic or was it the arrogance of being Professor?"

Many of us would rather be right with a hunch—no matter how paranormal it might be.

The Advantage of Being Female

THAT mortality statistics heavily favor the female over the male has been well publicized. As an editorial on this page put it four years ago, "Whatever inequalities exist socially and politically, biologically the deck is stacked against the male." The actual statistics are not, however, well known. The *Statistical Bulletin* of the Metropolitan Life in its August issue has compiled decennial figures from 1900-1970 for the sex ratio of female to male mortality by age group, based on data from the National Center for Health Statistics. For the year 1970, the leading causes of death are also listed.

Death rates for all ages among women from 1900 until 1920 were about 10 per cent lower than those among men. But although the rates have been declining for both sexes thereafter, the advantage to women has been steadily increasing. In 1930 the over-all female mortality was 84 per cent that of the male; in 1940, 77 per cent; in 1950, 69 per cent; in 1960, 62 per cent and by 1970 it had fallen to 57 per cent. As the *Bulletin* states, "At ages under 5 and at ages 85 and over the sex differential has changed little since 1900, but in all other age groups the female advantage has continued to grow. In 1970 female mortality was 36 per cent of that for males at ages 15-24 and ranged between 47 and 57 per cent of that for males at ages 25 to 74."

This advantage cannot be attributed to "the considerably higher death rates from accidental injuries and violence to which men are subject." Even when these deaths are excluded, women's mortality is more favorable. A variety of explanations have been proffered for the lower death rates among women but the most likely one appears to be the presence of a biological factor, whatever that might turn out to be.

Intestinal Parasites in Children

CLINICAL QUOTE: *"Infection with intestinal parasites . . . can be with a variety of organisms. It can cause a variety of medical, public health and perhaps even social problems. Some of the medical problems may be considered serious, some merely troublesome. By serious, we mean such clinical manifestations as anemia, pneumonia, perforated bowel, appendicitis, bloody or mucous diarrhea, and growth failure.*

"Anyone who has been associated with school health programs . . . has most likely had the experience of the angry telephone call . . . from the frustrated mother who reports that her child "has picked up pinworms at school." (Dr. Vivian K. Harlin; see page 1.)

"Swigler? Not the Swigler of 'A Reappraisal of Imipramine Levels in Primary Depressive Syndromes?'"

LETTERS TO TRIBUNE

Blood Lead Studies

The article (MT, Sept. 25) comparing two apparently conflicting studies dealing with blood lead levels in El Paso, Texas, touches on an important area, and needs to be clarified. Dr. McNeil reported the details of a study involving children living near a lead smelter and their matched controls at the Symposium on Recent Advances in the Assessment of the Health Effects of Environmental Pollution in Paris. Dr. Carnow's observations were based on anecdotal information that he collected and did not constitute data that could be compared to the McNeil study.

Dr. McNeil's study included 138 of the total of 206 children that lived in the Smeltertown area. They were carefully matched with controls, and when the two groups were compared, there were very few and insignificant instances of deleterious effects noted in either group. Of the children living in Smeltertown that did not participate in the McNeil study, 51 per cent had blood lead levels exceeding 40 mcg per 100 ml., whereas 73 per cent of those in the study exceeded that level. Therefore, it seems highly unlikely that those children not included in his study would have symptoms attributable to lead effects as Dr. Carnow suggests. The question of subtle neurophysiologic effects occurring secondary to asymptomatic elevations of blood lead can only be answered by collecting data from carefully controlled studies.

EDWARD B. MCCABE, M.D.
Madison, Wis.

100% Agreement

Now Dr. Sackler's done it. . . written an editorial with which I can agree 100 per cent—"TEARS ALONE ARE NOT ENOUGH".

T. NORLEY, M.D.
W. Palm Beach, Fla.

The Nude Centerfold MD

I am a steady reader of yours . . . After reading your current (Oct. 9 issue) today, I have elected you to kick off my new campaign: that all publication which use the abbreviation Dr. shall stipulate whether he (or she, of course) be MD or some other.

Is "Dr." Keith, of the *Playgirl* centerfold, an MD or a non-uptight California psychologist? I believe that medical publications should lead the way in making sure the credentials of the "Dr"s about whom they are writing are clear.

MEDICAL DOCTOR

(Dr. Paul E. Keith is a physician. MEDICAL TRIBUNE uses "Dr." before the full name to refer to a physician. A Ph.D. is so designated in the first reference. Thereafter he is also "Dr." —Ed.)

'Hard Evidence' Boys

I very much appreciated your editorial, "Apologies Are in Order from the Double Blind Boys to the Practicing Physician" (MT, Sept. 25). I think it is time too that somebody examined the "hard evidence boys." Lately I have wondered about the "hard evidence" on the basis of which patients with diverticulosis were put on a low roughage diet; the hard evidence on the basis of which patients with coronaries were kept in bed for 6 weeks; the hard evidence on the basis of which obese, maturity-onset diabetics were treated with insulin-stimulating drugs; the hard evidence on the basis of which people with TB were put to bed for a year; and so on.

History will in all probability show that "double blind" really demonstrates that the investigator's hindsight was as bad as his foresight.

SAMUEL J. ARNOLD, M.D.
Morristown, N.J.

Political Diagnosis?

Thank you for your refreshing article on "Complications of Phlebitis" which is a critique of Dr. Walter Tkach's, also General Tkach's, diagnosis of former President Nixon's phlebitis. I think you made it clear, though you didn't state so openly, that this was a political, not a medical diagnosis and was for the purpose of furthering Mr. Nixon's previous stance against revealing all that festered in his administration.

I have seen no medical criticism of Dr. Tkach's statements and your analysis is one indicator of why there needs to be Peer Review as well as community enrollment with regard to health care.

HARRY E. BELLER, M.D.
Miami, Fla.

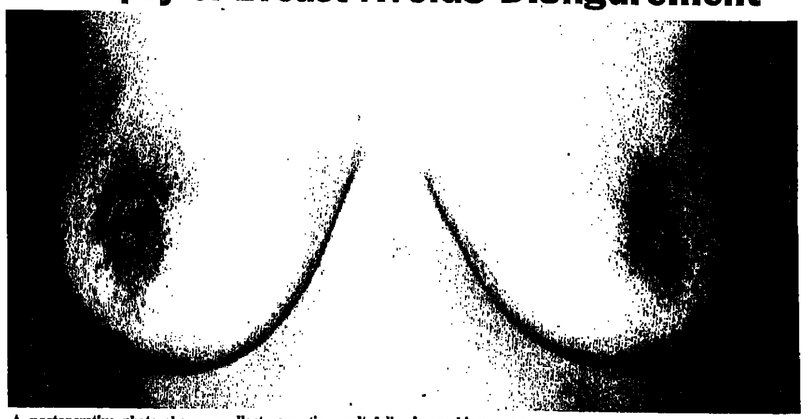
New Stereotactic Biopsy of Breast Avoids Disfigurement

Continued from page 1

in wondering if the cure may not be worse than the disease, at least for the 67 per cent of women biopsied who are proved not to have cancer," he declared.

Dr. Schwartz, who is Associate Professor of Surgery at Jefferson, said that the key to the new biopsy procedure is the stereotactic placement of needles as surgical markers for the lesions, prior to excision.

On the day scheduled for biopsy the patient receives repeat mammography in order again to locate the suspicious lesion. Its distance from the nipple is carefully measured on both the craniocaudad and lateral x-rays, and under local anesthesia, a 22-gauge 1.5-inch needle is placed in the breast and directed toward the expected site of the lesion. The x-rays are repeated to identify the needle's exact position in relation to the lesion.



A postoperative photo shows excellent cosmetic result following a biopsy on patient's right breast with Dr. Schwartz's procedure. Below, under local anesthesia, the breast is positioned on the x-ray plate and a 1.5-inch needle is directed toward the expected site of the lesion as a marker.

Needle Within 1 Cm. of Lesion

"If the tip of the needle is within one cm. of the lesion, it is fixed in place with adhesive tape and the patient is sent to the operating room," Dr. Schwartz said. "If the needle is more than 1 cm. from the lesion, a second needle is placed in the breast, using the first needle as guide, and the films are again repeated.

"In the operating room, under general anesthesia, a circumareolar incision is outlined with its center in the line of the needle. . . . If the suspicious area is minute, we usually excise about 1 cc. of tissue at the tip of the needle; when a larger area is seen on the x-ray, an appropriate sized piece of tissue is excised."

The specimen is then x-rayed and the picture developed within 90 seconds to make sure that the lesions have been excised, "with a very minimum of contiguous normal breast tissue, leaving the patient with an acceptable cosmetic result."

In 30 cases, Dr. Schwartz reported, "we have not yet missed the suspicious area."

The patient is discharged the following day, after the pathologist has embedded and sliced the entire section, and made his diagnosis.

Patients 'Less Anxious'

"We may thus give the patient the good news at the time she goes home, if the lesion is benign, or discuss the finding with her before discharge when malignancy is encountered," the surgeon stated. "Using this technique, we have noted our patients are less anxious when biopsy is recommended, because they are sure of a minimal operation, with a short hospital stay. No patient, subsequently discovered to have benign disease, has been sorry she underwent the operation, since no disfigurement has resulted. Patient acceptance has been universally excellent."

Turning to the problem of radical mastectomy, Dr. Schwartz again chided surgeons for performing operations that "do not have to be any more morbid or disabling than simple or total mastectomy."

Loss of the pectoral muscles need not be poorly tolerated, he declared, nor need radical mastectomy result in loss of motion of the ipsilateral arm.

"My patients may postoperatively look forward to participating in any activity they performed prior to surgery—golf, tennis, or bowling."

To illustrate his point at a news conference, Dr. Schwartz showed a photograph of a 75-year-old patient who had undergone a right radical mastectomy, including loss of the pectoral muscle. He noted the cosmetic excellence of the result, and added:

"This patient can do anything with her right arm except throw a forward pass. But then how many of our patients are quarterbacks?"

Conuthors were Drs. John D. Wallace, Research Professor of Radiology; Herman Libshitz, now at Duke University; and Gerald Dodd, now at M.D. Anderson Hospital and Tumor Institute, Houston, Tex.

While the patient is under general anesthesia, a circumareolar incision is outlined with its center between the nipple and the line of the needle. The needle has been sterotactically positioned as a surgical marker for the lesion.

Counselor Role With Married Patients Urged

Continued from page 3

cluding attitudes on sex, what kind of life style they foresee, etc. They should also decide how to handle such "trivial" items as who takes out the garbage, who pays the bills and handles the credit cards, which inlaws look like trouble and where the couple will spend Christmas.

Other hard questions should force the couples to ask themselves if the marriage breaks up who will take care of the children.

"In a great number of troubled marriages, you can almost be sure that it was a pretty bad marriage to begin with, so that the family physician should do what he can to prevent a mismatch when he can."

Should Get Both Sides

If possible, he continued, the physician should talk to both partners in a troubled marriage at the same time, although he may also find that he must talk to each partner separately to find out what is the real root of the problem. In all cases, however, he should get both sides of the story.

"Sometimes you find out that when a husband says his wife is no good in bed, or vice versa, it's because they spend so much time fighting outside the bed."

If a marriage has become dull, Dr. Mead suggested that the physician should encourage the troubled couple to find out what has to be changed to make the marriage lively and interesting again.

"Ask them," he suggested, "what can *you* do to make this marriage better? If you want to change your spouse first think of what you might do to change yourself!"

"Marriages, like people, can develop bad habits," Dr. Mead concluded. "And, as with personal bad habits, each couple should have the power and flexibility to change the habits that have altered the previously happy pattern of their marriage."

EDITORIAL EXCERPTS

. . . brief summaries of editorials or comments in current medical and scientific journals.

Fetal Research Legislation

"The future of research involving human fetal organs and tissues is currently in jeopardy because of legislative attempts to place severe restrictive limitations on this type of study . . .

"Important advances in perinatal pharmacology have been derived from experimental procedures on the fetus. The understanding of fetal pharmacology led to a model of the interrelationships of drugs, bilirubin metabolism, and kernicterus, and the prevention of the condition. . . .

"Currently, an increasing number of children born with previously fatal immune deficiencies are alive because of the experimental development of fetal liver and thymus transplantation techniques. Both the research leading to these procedures and the tissue transplanted are dependent on the availability of fresh tissue from therapeutically aborted human fetuses . . .

". . . While no teratologist is calling for drug or chemical testing in man, surveillance and study of drug effects on the human embryo and fetus are essential if a second thalidomide tragedy is to be prevented . . .

"Many recent advances in virology have been dependent on human fetal material. Virologists have found that specific fetal tissues provide almost ideal culture conditions for human-specific viruses. . . . adenoviruses have been most successfully cultured in human fetal kidney, cytomegalovirus in human fetal lung, and respiratory viruses in human fetal tracheal tissues. Hepatitis virus has been grown in tissue culture of human fetal origin . . .

"We hope these words will encourage responsible pediatricians to participate in shaping public policy in these matters." *(Comment, Thomas H. Shepard, M.D., Alan G. Fantel, Ph.D., Am. J. Dis. Child. 128: 295, Sept. 1974)*

Chemicals and Cancer

"Every year some thousands of new chemical compounds are synthesized and brought into use in industry and some of these inevitably escape into the environment as contaminants of food, air, water and consumer products. . . . We cannot have new products without risk, but it is irresponsible to permit new products without assessment of their risks . . ." *(Editorial, The Lancet 2;629, Sept. 14, 1974)*

Music therapy.

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Ex-Psychiatric Cases in 'Orbit' Burden Florida

Medical Tribune Report

GAINESVILLE, FLA. — Most people think of Florida as the perfect spot for convalescence after a stay in the hospital, and psychiatric patients are no exception. And they are creating some severe problems for state facilities, according to University of Florida psychiatrist Richard E. Gordon.

The problems, Dr. Gordon told the psychiatry branch of the Florida Medical Association, spring largely from a group of unattached males who "orbit" to Florida after discharge from a psychiatric facility.

The majority are without the constraints that might lead to stable solutions: they have divorced their wives, quit their jobs, left their home states. Many have independent sources of income—pensions, social security, disability payments, the VA, or private funds—that enable them to maintain a peripatetic life style.

Though several states have large transient populations, none is as popular with these orbiting ex-patients as Florida, Dr. Gordon noted. Seven per cent of Florida's state hospital admissions last year were out-of-staters, compared to 0.3 per cent in California.

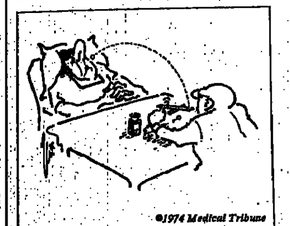
Improvement Suggestions

Interstate orbiters, Dr. Gordon said, overtax a community's social services, don't stay long enough for effective outpatient treatment, and often "gain" from remaining sick. He proposed several ways in which both patients and state might improve the situation.

These included incentives to settle in one place; halfway houses for disabled psychiatric patients; greater financial allowances for those living with their families than for those staying alone; financial rewards for occupational and recreational progress greater than for idleness.

He also urged that these ex-patients not be penalized through their various pension systems for entering gainful employment, but receive pay for rehabilitation in sheltered workshops. Their psychiatric ills, he said, should not be a means of avoiding sanctions and the need for behavior modification.

To assure adequate outpatient care, Dr. Gordon went on, hospitals should be paid on a capitation basis, rather than for per cent of occupancy. And finally, he hopes that Federal funds will become available to states like Florida for the care of mentally ill out-of-staters who come down out of orbit in their territories.



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School Pinworm Screening Drives Urged

Continued from page 1

"Our awareness of these diseases has declined and surveillance has become negligible," Dr. Crowder declared, adding that a current rise in "hand-to-mouth" infections may have been significantly influenced by social changes.

Among these, she cited an increase in population, with crowded living conditions that contribute to inadequate disposal of solid wastes; and poverty, with accompanying malnutrition and exposure to environmental health hazards.

But one school innovation—wall-to-wall carpeting in classrooms—has also played a part, Dr. Crowder believes. The carpeting provides "excellent opportunities" for transmission of pinworm ova, and promotes transmission of scabies and pediculosis as well.

Dr. Crowder warned, too, that the generally beneficial custom of serving between-meal snacks at school will contribute to infection statistics unless there is adequate handwashing.

Physicians and educators concerned with child health were urged by Dr. Crowder to look into the situation at their local schools and see if programs exist to screen children for intestinal parasites. Data should be gathered on morbidity reports from the city or county health department, the incidence of such infections found by physicians in private practice, and the kinds of physical exams—if any—that are required by the school.

Dr. Howard B. Shookhoff, who heads the division of tropical diseases in New York City's health department, outlined the methods of treatment now recommended for six intestinal parasite infections.

- **Pinworm:** "The drug of choice at this time is pyrantel pamoate." Both it and pyrvinium pamoate are effective in a single dose, he said, but the former has the advantages of a lower frequency of nausea and a white (rather than a red) color. Some population groups object to red medication because it resembles blood, he noted.
- **Ascaris lumbricoides (common roundworm):** Piperazine has been the treatment of choice, Dr. Shookhoff commented. However, he now has the "distinct impression" that pyrantel pamoate is more effective.
- **Hookworm:** For moderate or heavy infections, "the most effective drug in our experience is tetrachloroethylene," given in a single dose on an empty stomach. Any anemia should be corrected before the drug is used.

The new agent, mebendazole, may be more satisfactory and less toxic, Dr. Shookhoff said.

- **Trichuris trichiura:** Mebendazole has been introduced primarily for the treatment of this infection, "for which we have until recently had no satisfactory oral medication."
- **Strongyloides stercoralis:** Thiabendazole is recommended, with pyrvinium pamoate as an "alternative treatment." Both are used in a suspension.
- **Trichinella spiralis:** In severe cases, treatment of choice is "the nonspecific use of steroids." Some specialists advise treatment with thiabendazole in addition, Dr. Shookhoff said.

Rauwolfia Studies Faulted for Methodology at FDA Meeting

Continued from page 1

1972 and produced the "entirely unsuspected" and therefore "unbiased" finding that women given rauwolfia alkaloids — principally reserpine — to control hypertension had a more than threefold greater risk of breast cancer than women who had not taken the drug. The English and Finnish studies were prompted by the finding in Boston and produced similar results.

Following reviews of the three investigations by representatives of the three study teams—Drs. Hershel Jick, Samuel Shapiro, and Bruce Armstrong, of the Boston, Helsinki, and Bristol groups, respectively—areas of possible bias were pointed out by NIH, FDA, and independent investigators.

The four "major deficiencies" in the studies, in the eyes of the National Heart and Lung Institute, were their possibly differential ascertainment of exposure to rauwolfia alkaloids, the possibility that their results reflected extraneous confounding factors such as previous hypertension that might influence rates of exposure to the drugs, difficulty in establishing an adequate time sequence between the supposed cause and its effect, and the validity of the exclusions used in establishing control groups, said Dr. Manning Feinleib, chief of NHLI's epidemiology branch.

Some Controls Excluded

In the Boston study, he noted, about 45 per cent of possible hypertensive controls were excluded because their previous medication was unknown—"a serious shortcoming since proper allocation of the unknown group could possibly alter the study's major findings." He also noted that about half the breast cancer patients in the Boston study had been taking reserpine for less than five years, which he called "a surprisingly short interval if the drug is indeed carcinogenic."

"More reliable data on duration of treatment must be obtained before any statement of 'causality' can be made," he said.

Robert T. O'Neill, Ph.D., an FDA statistician, commented that the three studies dealt minimally with the relationship between age, duration of reserpine use, and the occurrence of breast cancer.

"The data in the three studies may not be able to answer this question, which certainly is of relevance in determining the subpopulation of women at the greatest risk," he said. "When considering hypertensive women alone, the data in the Boston study indicate a significant risk of breast cancer associated with reserpine use as compared with the use of other hypertensive agents. The Finnish study appears to give no such evidence. The English study, with other neoplasms not excluded, is suggestive of an increased risk."

Questions requiring further study, he said, are the adequacy of the control groups as representatives of the hypertensive population and of users of reserpine and other antihypertensive agents; the relationship between duration of use, age, and increased risk of breast cancer; the influence that users of undetermined antihypertensive drugs may have had on the studies' results; case and control exclusion criteria, and the adequacy of case and control selection in the three investigations.

Dr. Norman M. Kaplan, a representative of the American Heart Association, urged that reserpine and other rauwolfia derivatives should not yet be restricted and that additional studies be undertaken to provide more definitive evidence about their carcinogenic potential.

Not only are the three studies of reserpine methodologically wanting, but "the abrupt removal of its use may put millions of hypertensives at increased risk of cardiovascular catastrophe," said Dr. Kaplan, a Professor of Internal Medicine at the Texas Southwestern Medical School, Dallas. He found four basic faults with the studies:

'Spuriously Low Exposure'

- "The control populations almost certainly had a spuriously low exposure to reserpine. In the Boston study, all patients with any cardiovascular disease were excluded, thereby removing most of the potential reserpine users. In the English study, only 0.43 percent of the controls had exposure to reserpine. Based upon crude estimates that 33 percent of women over 50 have hypertension and that one-fourth of these are on antihypertensive therapy and, in turn, one-fourth of these are on reserpine, the exposure should be 2 percent."
- All three studies were retrospective.
- "There was unevenness in the matching of users and nonusers in the 50- to 59-year age groups of the Boston series and a decreased proportion of such patients in the Finnish series."
- "Two potentially important risk factors for both hypertension plus reserpine use and carcinoma of the breast were not taken into account, namely, body weight and parity."

Dr. Howard D. Cohn, vice-president of the CIBA-Geigy Corporation, reserpine's principal manufacturer, and medical director of the company's pharmaceuticals division, criticized the studies for their use of the relative risk concept and also disputed the applicability of their results to the general population.

Tribune Economic Analysis

Helping the Stock Market's Investors

BY ELIOT JANEWAY
Consulting Economist

The stock market has now been hurt so badly and is hurting so many people that remedial measures are becoming nearly as practical as public service jobs for the unemployed. The bill introduced by Sen. Lloyd Bentsen (D.-Tex) points the way to help the stock market. But although Sen. Bentsen has been a voice in the wilderness on the subject, it does not go far enough. *The Bentsen Bill calls* for liberalizing the long-standing taxpayer's right to deduct $1,000 a year of market losses from taxable income by increasing the deductible limit to $4,000. The rationale is that everything else has quadrupled since this deduction was legalized.

The theory is fine, but putting it into practice on the scale of $4,000 per taxpayer, with losses per year, will *not help them or the market* or the situation. The way to bring first aid to everyone wounded in and dependent upon the stock market is to liberalize the ceiling to a meaningful amount—or, better still, to take the ceiling off altogether—subject to conditions that will protect the public interest, bring relief to victims of the storm and pump life back into the market.

Attaching two such conditions to this liberalized loss-taking would help revitalize the Treasury as well as the market. The first is similar to the deferral privilege given homeowners who take a profit setting and then reinvest in a new home. It would require reinvestment within six months in securities paying interest or dividends taxable as ordinary income. The other would require some reasonable but meaningful portion of the reinvested proceeds of loss-taking to go into non-negotiable U.S. Treasury securities, which would pay interest taxable as ordinary income.

There's *no shortcut to beating inflation* except for taxpayers to have an incentive to buy and hold Treasury securities for a period of years.

With all your harping on liquidity, you seem to write only for the fat cats. I'm a young physician, just starting out. These high interest rate investors are starving me. Where can I borrow money cheaply?
Young M.D., New Jersey

Absolutely nowhere. That's the cause of the trouble! The banks and the fat-cat retailers are making more money lending on small loans than on anything else—twice the prime rate. Your only recourse is to try to put aside a little cash and use the buying power it will give you as a bargaining lever. Remember: those trying to sell you are apt to need *cash even more* than you.

If there's good reason to prescribe for psychic tension...

When, for example, despite counseling, tension and anxiety continue to produce distressing somatic symptoms

Prompt action is a good reason to consider Valium® (diazepam)

When your patient's somatic complaints are associated with tension and anxiety and you have tried counseling and other supportive measures alone, you may decide to prescribe psychotherapeutic medication. If you do, the question remains: which one?

Valium (diazepam) is one to consider closely. One that works promptly as an adjunct to continued supportive measures. One that generally produces significant improvement within the first few days of therapy, although some patients may require more time for a clearcut response.

Prompt action. One good reason to consider Valium.

And should you choose to prescribe Valium, you should also keep this information in mind. Valium is usually well tolerated. Patients taking Valium should be cautioned against operating dangerous machinery or driving. Therapy with Valium should normally be continued until the patient's psychic tension symptoms have been reduced to tolerable levels.

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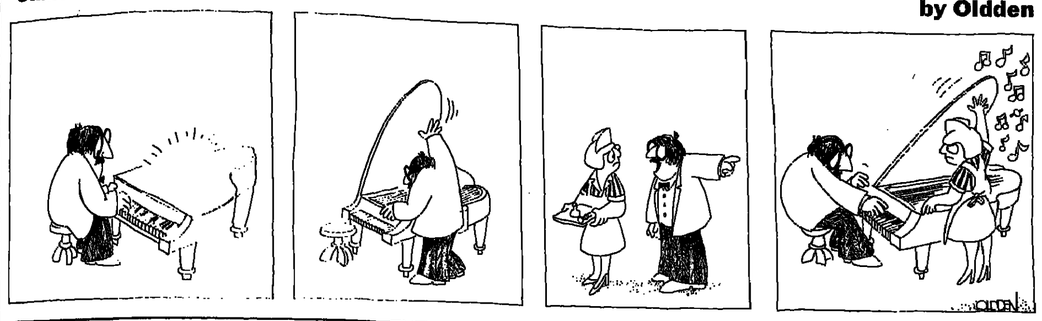
Clinical Trials

by Oldden



TRIBUNE SPORTS REPORT

Middle-Aged Fitness Fans Warned About Jogger's Heel

Medical Tribune Report

NEW YORK—Jogger's heel—the latest side effect of the fitness craze—continues to pop up in radiologic and orthopedic practice, a leading radiologist reported here.

Warning "gung-ho nonathletes" to take it easy, Dr. Tom W. Staple of St. Louis said radiologists are seeing examples of painful heel calcification in the overeager middle-aged male jogger, as well as in out-of-practice young athletes.

He explains that "jogger's heel" results from the repeated stress of flat-footed trotting, and appears on the x-ray as a "cloud of density in the heel. It stems either from compression of bone or the laying down of new bone."

Dr. Staple, who is Professor of Radiology at Mallinckrodt Institute of Radiology, Washington University, told a Medical X-Ray Forum for Science Writers: "You see jogger's heel in the 40-year-old guy who is gung-ho and planning to get back into shape or in the young guy who has done nothing all winter and wants to impress the coach at the spring training turnout."

He commented that the majority of what are called athletic injuries are seen in amateurs or in nonathletes, rather than in professional athletes. "I suggest that such injuries should not be called athletic injuries, but injuries from participation in athletics," he said.

Dr. Staple estimated that approximately 40 per cent of the most common stress fractures occur in the heel, another 40 per cent in the forefoot, and the remaining 20 per cent in other portions of the skeleton.

The X-Ray Forum was sponsored by the American College of Radiology.

A normal heel (upper x-ray) compared with a "jogger's heel," showing either compression of the bone or the laying down of new bone.

Muscle Relaxation Credited to Acupuncture

By PATRICIA McBROOM
Special Tribune Correspondent

PHILADELPHIA—One effect of acupuncture may be to relax chronically tense muscles, according to preliminary observations by a psychiatrist at the University of Pennsylvania School of Dental Medicine.

With an electromyograph, Dr. Arnold H. Gessel has recorded substantial declines in muscle tension at the site of pain in two patients after acupuncture. The decreased tension—in muscles tight to the point of spasm—compared with the best results of biofeedback control, said Dr. Gessel, a specialist in biofeedback and relaxation therapies.

Dr. Gessel conceded that two cases were a very small series, but said that since the changes seen were profound and clearly linked in time to the acupuncture treatments, and an investigation should be undertaken into the relationship between acupuncture and muscles relaxation.

"I think muscular relaxation could explain some of the reported effects of acupuncture," said Dr. Gessel. "This has all the earmarks of a real phenomenon."

Dr. Gessel also tested muscle tension in six other acupuncture patients, all but one of whom showed decreased contraction rates after the twenty-minute needling session. Contraction rates declined from moderately elevated to normal during and after the acupuncture.

Most of the patients in the study had a diagnosis of arthritis, with pains in the back, hip, shoulder or legs.

2 Cases Described

In a report to the World Acupuncture Conference in Philadelphia, sponsored by the University of Pennsylvania, Dr. Gessel described one of his two cases as that of a 50-year-old woman with pain and numbness of the right shoulder and arm. The right trapezius muscle was extremely tight, with spasmodic levels of contraction—about 100 microvolts—before acupuncture, despite ten minutes of relaxation prior to treatment. Normal EMG readings, Dr. Gessel said should have been about 15 microvolts.

When the needles were placed, readings on the trapezius declined to 50 microvolts and by the end of the acupuncture session, they were at 10 microvolts. The same phenomenon occurred at the second acupuncture session. On the third occasion, the woman said she was feeling better. That day, for the first time, muscle tension in her shoulder read 80 microvolts rather than 100, before treatment.

Dr. Gessel speculated that acupuncture over time may have "retrained" the muscle to lower rates of contraction. He did not know why needles should have such an effect, especially since they were not placed in the muscle itself, but in traditional acupuncture points aimed at shoulder pain.

In the second case, a fifty-year-old man was treated for pain in his calf, which he said was due to phlebitis. Dr. Gessel's electrodes picked up tension readings of 400 microvolts on the gastrocnemius muscle in the calf (compared to normal readings of about 25 microvolts in the relaxed state).

After acupuncture, EMG readings dropped to 150 microvolts. Clinical improvement is as yet undetermined, Dr. Gessel said.

IMMATERIA MEDICA

By DUDLEY STRAUS

Odds and Ends

• Ethnic note: we see, in an HEW release, that the Navy Alcohol Abuse Control Program is referred to as the AACP.

• The First Hair Transplant Symposium and Workshop was held in Hot Springs, Ark., and featured "a comprehensive series of lectures and panel discussions, and a workshop with cadaver heads," we learn from a recent release.

• *New Scientist* reports that the *Toronto Star* reports that a Pompano Beach, Fla., man has developed a talking tombstone that also shows moving pictures of the deceased. No popcorn machine, as far as we know.

• "Washington (UPI)—The House today came within six votes of settling an eight-year-old fight of what to do about the crumbling west wall of the Capitol Building, and agreed to put off a decision for another two years."
—United Press International wire service.
And that's where we are these days.

• ". . . and assuming that it requires an average of one pack [of cigarettes] a day for 20 years (146,000 'coffin nails') for an individual to develop lung carcinoma . . ."
—Minnesota Medicine.
Wait till you start coping with the metric system!

• "An HEW study of the biologic and behavior changes of age indicates the aged demonstrate 'great reserves of energy, intellect, and enthusiasm' in adapting to circumstances."
—release from the National Institute of Mental Health.
Now if you'll just name some circumstances. . . .

• Dr. Milton H. Erickson of Phoenix found an old friend in a new form in the *Phoenix Gazette:*
"Abdominal incisions always can be seen, although in some instances they can be concealed by the public hairline."